

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

08 JUN 23 AM 8: 52 SECRETARY OF STATE STATE OF IDAHO

Incid	ntals		
. The true name(s) and business address(es) of the elbusiness under the assumed business name: Name Jessica Ann Prestwich 2036 E		entity or individual(s) doing Complete Address Eagles Homestead Dr. Ammon, ID 83406	
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Subm Assun Name Idaho S		
Jessica Ann Prestwich 2036 Eagles Homestead Dr Ammon, ID 83406		D 83720-0080 34-2301	
Name and address for this acknowledgme copy is (if other than # 4 above).	t		
		Secretary of State use only	
ature: Usuca Usus (signature required) red Name: Jessica Ann Prestwich acity/Title: Owner (see instruction # 8 on back of form)	gricorpiformslabn formslabn p65 Revised 04/2003	IDAHO SECRETARY OF STA 96/23/2998 95 CK: 5676 CT: 158010 BH: 1 1 0 25.00 = 25.00 ASSUM	

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